
State:	Arkansas	Filing Company:	Transamerica Life Insurance Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	QUDIR0805		
Project Name/Number:	QUDIR0805/L073-A6		

Filing at a Glance

Company:	Transamerica Life Insurance Company
Product Name:	QUDIR0805
State:	Arkansas
TOI:	L08 Life - Other
Sub-TOI:	L08.000 Life - Other
Filing Type:	Form
Date Submitted:	08/17/2012
SERFF Tr Num:	AEGB-128648665
SERFF Status:	Closed-Accepted For Informational Purposes
State Tr Num:	
State Status:	Closed-Accepted for Informational Purposes
Co Tr Num:	QUDIR0805
Implementation	On Approval
Date Requested:	
Author(s):	Sandy Winn
Reviewer(s):	Linda Bird (primary)
Disposition Date:	08/22/2012
Disposition Status:	Accepted For Informational Purposes
Implementation Date:	

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: QUDIR0805
Project Name/Number: QUDIR0805/L073-A6

Filing Company: Transamerica Life Insurance Company

General Information

Project Name: QUDIR0805
Project Number: L073-A6
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Filed concurrently.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 08/22/2012
State Status Changed: 08/22/2012
Created By: Sandy Winn
Corresponding Filing Tracking Number: 3Y001008

Deemer Date:
Submitted By: Sandy Winn

Filing Description:
August 16, 2012

Commissioner of Insurance
Arkansas Department of Insurance
Compliance - Life/Health
1200 West Third Street
Little Rock, AR 72201-1904

Re: Transamerica Life Insurance Company
NAIC # 468-86231
FEIN # 39-0989781
LIFE INFORMATIONAL FILING
Use of Electronic Signatures with Approved Questionnaire Form QUDIR0805

Dear Commissioner:

This is an informational filing revising information surrounding the use of life application form QUDIR0805. Your Department approved this form on 01/12/2006. We intend to continue using the form in a traditional manner whereby the Owner/Applicant signs the application in ink and submits the application to the Company.

We also plan to make this form available electronically. It is our intent to use this application form in a variety of electronic environments, including a laptop and web based application process. Regardless of the application process used, we intend to adopt measures to secure both the integrity of the document once signed, and the confidentiality of any information transmitted, including transmission of information via a secured socket layer/secured line. The information contained in the application will be transmitted to our administrative office electronically as well as the electronic signature of the Owner/Applicant. Current technology will be used to ensure that the confidential information is not compromised. All processes used will comply with the Uniform Electronic Transactions act, and to the extent applicable, the Federal E-SIGN Act.

We hereby certify that any electronic signature we obtain will be linked to the date on the electronic application in such a manner that the electronic signature is invalidated if any of the data on the application is changed. We also certify that such electronic signature intended for use with this application will not be affixed to or duplicated on any other document.

A copy of the application, identical to the filed form, will be printed and made part of any policy issued.

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We would appreciate your review and approval of this form. Should you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

Sandy Winn
Forms Management Coordinator
(319) 355-4077 (collect)
Fax #: (319) 355-2501
Sandy.Winn@Transamerica.com

Company and Contact

Filing Contact Information

Sandy Winn, Forms Management Coordinator
4333 Edgewood Road NE
Cedar Rapids, IA 52499

swinn@aegonusa.com
319-355-4077 [Phone]

Filing Company Information

Transamerica Life Insurance Company
4333 Edgewood Road, NE
Cedar Rapids, IA 52499
(319) 355-7888 ext. [Phone]

CoCode: 86231
Group Code: 468
Group Name:
FEIN Number: 39-0989781

State of Domicile: Iowa
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
Transamerica Life Insurance Company	\$50.00	08/17/2012	61779606

SERFF Tracking #:	AEGB-128648665	State Tracking #:		Company Tracking #:	QUDIR0805
State:	Arkansas	Filing Company:	Transamerica Life Insurance Company		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	QUDIR0805				
Project Name/Number:	QUDIR0805/L073-A6				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	08/22/2012	08/22/2012

SERFF Tracking #:	AEGB-128648665	State Tracking #:		Company Tracking #:	QUDIR0805
State:	Arkansas	Filing Company:	Transamerica Life Insurance Company		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	QUDIR0805				
Project Name/Number:	QUDIR0805/L073-A6				

Disposition

Disposition Date: 08/22/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Form	QUDIR0805		Yes

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Form Schedule

Lead Form Number: QUDIR0805							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		QUDIR0805	AEF	QUDIR0805	Initial:	75.000	QUDIR0805 MSTW.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

☐ **Monumental Life Insurance Company**

☐ **Transamerica Life Insurance Company**

☐ **Stonebridge Life Insurance Company**

☐ **Western Reserve Life Assurance Co. of Ohio**

Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499

Supplement to Application dated _____

Disability Income Rider Questionnaire

Name of Proposed Insured	Date of Birth
Name of employer and line of business:	
How long at current employer; if less than 1 year, how long in this type of occupation?	
What are your specific job duties?	
What is the number of hours you work per week?	
If Self-Employed: Name/Type of business?	
What are your specific job duties?	
How long have you been self-employed; if less than 1 year, how long in this type of occupation?	
Is your business operated from home; if so, percentage of time spent in home office?	
Number of employees?	
Have you ever had any major financial problems such as bankruptcy, judgments, or liens? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____ _____ _____	

I hereby represent, to the best of my knowledge and belief, that all the above statements are complete and true, and I agree that they shall form a part of the application and become a part of any contract of insurance issued on such application.

Dated at _____ this _____ day of _____, 2_____.

Signature of Proposed Insured

Signature of Agent